



Department of State Police

Instructions Sheet

79th R.T.T. Application for State Police Trooper

1. You must first print this application form on your computer printer.
2. Complete the application form by typing or printing (legibly in black ink).
3. Complete the application accurately and truthfully.
4. Submit the required number of application copies by the deadline specified on your notification letter.

Note: This application should only be completed by candidates that have received a notification letter for the 79th RTT.

MASSACHUSETTS STATE POLICE
79TH R.T.T.
Human Resources Section
470 Worcester Road
Framingham, Massachusetts 01702

Application and Personal History Statement – Position applied for: **TROOPER**

Date: _____

1. FULL NAME: If you have no middle name, enter “NMI”. If you are a Jr., Sr., III, etc., enter the same after your middle initial.

LAST NAME: _____ **FIRST** _____ **MI** _____ **JR, SR, ETC.** _____

2. DATE OF BIRTH: ____/____/____ **SOCIAL SECURITY #:** ____ - ____ - ____

3. PLACE OF BIRTH: _____ (use the two-letter code for the state) **COUNTRY:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

4. OTHER NAMES USED: (Give other names used such as your maiden name, name(s) by a former marriage, alias, etc.)

NAME _____ **DATE(S) WHEN USED** _____

NAME _____ **DATE(S) WHEN USED** _____

NAME _____ **DATE(S) WHEN USED** _____

NAME _____ **DATE(S) WHEN USED** _____

5. IDENTIFYING INFORMATION: HEIGHT: _____ ' _____ " **WEIGHT:** _____ **HAIR COLOR:** _____

EYE COLOR: _____ **MALE:** _____ **FEMALE:** _____

SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS: _____

6. TELEPHONE NUMBERS: WORK: () _____ **HOME:** () _____

EMAIL (Optional): _____ **FAX (Optional):** _____ **CELL (Optional):** _____

7. RESIDENCE: Provide your addresses for every place you have lived, beginning with the present and working backward, since your 15th birthday. If you attended school away from your permanent residence, list the address you lived at while attending school. For any address in the past three (3) years, list a person who knew you at that address, preferably someone who still lives in that area. If you rented, please give the name and address of the person responsible for collecting rent.

#1 _____ **to Present**
Month/Year _____ **Street Address, Apt. No.** _____ **City** _____ **State/Zip** _____

Name of person who knows you _____ **Street Address, Apt No.** _____ **City** _____ **State/Zip** _____ **Telephone #** _____

#2 _____ **to** _____
Month/Year _____ **Street Address, Apt. No.** _____ **City** _____ **State/Zip** _____

Name of person who knows you _____ **Street Address, Apt No.** _____ **City** _____ **State/Zip** _____ **Telephone #** _____

THE DEPARTMENT OF STATE POLICE IS AN EQUAL OPPORTUNITY EMPLOYER

7. RESIDENCE (continued):

#3	_____ to _____ Month/Year	_____ Street Address, Apt. No.	_____ City	_____ State/Zip	
	Name of person who knows you	_____ Street Address, Apt. No.	_____ City	_____ State/Zip	_____ Telephone #
#4	_____ to _____ Month/Year	_____ Street Address, Apt. No.	_____ City	_____ State/Zip	
	Name of person who knows you	_____ Street Address, Apt. No.	_____ City	_____ State/Zip	_____ Telephone #

8. EDUCATION: Provide information about schools you are attending or, have attended, beyond Junior High School, beginning with the most recent (#1) and working backward. For schools you attended in the past three (3) years, list a person who knows you at the school, such as an instructor or student. For correspondence schools and extension classes, list records location and address. In the "Code" Block, use one of the following codes: **1 = HIGH SCHOOL 2 = COLLEGE/UNIVERSITY 3 = VOCATIONAL/TRADE SCHOOL 4 = CORRESPONDENCE/EXTENSION.**

#1	_____ to _____ Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)	
	_____ Street Address and City of School			_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City/State/Zip	_____ Telephone No.	
#2	_____ to _____ Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)	
	_____ Street Address and City of School			_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City/State/Zip	_____ Telephone No.	
#3	_____ to _____ Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)	
	_____ Street Address and City of School			_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City/State/Zip	_____ Telephone No.	
#4	_____ to _____ Month/Year	_____ Code	_____ Name of School	_____ Degree/Diploma (include date)	
	_____ Street Address and City of School			_____ State/Zip	
	_____ Name of person who knows you	_____ Street Address, Apt. No.	_____ City/State/Zip	_____ Telephone No.	

8a. ACADEMIC RECORD: Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities and business and vocational schools or any other formal education beyond the high school level.) If **“YES”**, please explain (include school, date(s) or incident(s) and circumstances).

YES _____ **NO** _____

9. EMPLOYMENT: Provide your employment history, beginning with the present (#1) and working backward ten (10) years. PLEASE INCLUDE ALL FULL-TIME AND PART-TIME WORK, ALL PAID WORK, ANY SELF-EMPLOYMENT, ALL PERIODS OF UNEMPLOYMENT, ACTIVE MILITARY DUTY AND VOLUNTEER WORK.

#1	_____ to _____ Month/Year	_____	_____	_____
	Employer	Your Supervisor	Your Title/Position	
	_____	_____	_____	_____
	Employer's Street Address	City	State/Zip	Telephone Number
	_____	_____	_____	_____
	Street Address of Job Location (If different than Employer's Address)	City	State/Zip	Telephone Number
	_____	_____	_____	_____
	Reason for leaving (Exclude Medical Reasons)	Co-Worker(s)	Telephone Number(s)	
#2	_____ to _____ Month/Year	_____	_____	_____
	Employer	Your Supervisor	Your Title/Position	
	_____	_____	_____	_____
	Employer's Street Address	City	State/Zip	Telephone Number
	_____	_____	_____	_____
	Street Address of Job Location (If different than Employer's Address)	City	State/Zip	Telephone Number
	_____	_____	_____	_____
	Reason for leaving (Exclude Medical Reasons)	Co-Worker(s)	Telephone Number(s)	
#3	_____ to _____ Month/Year	_____	_____	_____
	Employer	Your Supervisor	Your Title/Position	
	_____	_____	_____	_____
	Employer's Street Address	City	State/Zip	Telephone Number
	_____	_____	_____	_____
	Street Address of Job Location (If different than Employer's Address)	City	State/Zip	Telephone Number
	_____	_____	_____	_____
	Reason for leaving (Exclude Medical Reasons)	Co-Worker(s)	Telephone Number(s)	
#4	_____ to _____ Month/Year	_____	_____	_____
	Employer	Your Supervisor	Your Title/Position	
	_____	_____	_____	_____
	Employer's Street Address	City	State/Zip	Telephone Number
	_____	_____	_____	_____
	Street Address of Job Location (If different than Employer's Address)	City	State/Zip	Telephone Number
	_____	_____	_____	_____
	Reason for leaving (Exclude Medical Reasons)	Co-Worker(s)	Telephone Number(s)	

9. EMPLOYMENT: (continued)

#5	_____ to _____ Month/Year	_____ Employer	_____ Your Supervisor	_____ Your Title/Position
	_____ Employer's Street Address	_____ City	_____ State/Zip	_____ Telephone Number
	_____ Street Address of Job Location (If different than Employer's Address)	_____ City	_____ State/Zip	_____ Telephone Number
	_____ Reason for leaving (Exclude Medical Reasons)	_____ Co-Worker(s)	_____ Telephone Number(s)	

9a. EXTENDED ABSENCES FROM EMPLOYMENT: Have you had any extended work absences for reasons other than earned vacation (exclude medical reasons)? If "YES", please explain (include when, name of employer, circumstances).

YES _____ NO _____

10. COMMUNITY INVOLVEMENT: List any activities which may reflect favorably on your reputation for leadership, responsibility, honesty, and integrity (response is optional).

#1	_____ to _____ Month/Year	_____ Activity	_____ Location of Activity (City/County/State)
#2	_____ to _____ Month/Year	_____ Activity	_____ Location of Activity (City/County/State)
#3	_____ to _____ Month/Year	_____ Activity	_____ Location of Activity (City/County/State)

11. FOREIGN COUNTRIES VISITED: List foreign countries you have visited, beginning with the most recent (#1) and working backward ten (10) years. In the "CODE" Block, use one of the following: **1 = BUSINESS; 2 = PLEASURE; 3 = EDUCATION; 4 = OTHER**

#1	_____ to _____ Month/Year	_____ Code	_____ Country	#3	_____ to _____ Month/Year	_____ Code	_____ Country
#2	_____ to _____ Month/Year	_____ Code	_____ Country	#4	_____ to _____ Month/Year	_____ Code	_____ Country

12. MILITARY HISTORY:

- A. Are you registered for Selective Service? YES _____ NO _____
If "YES", Selective Service Number _____
Local Board Number _____ City _____ State _____
- B. Have you served in the United States Military? YES _____ NO _____
Have you served in the United States Merchant Marine? YES _____ NO _____

IF YOUR ANSWER TO BOTH QUESTIONS 12A AND 12B IS "NO", GO TO QUESTION 13
IF YOUR ANSWER TO EITHER QUESTION 12A OR 12B IS "YES", COMPLETE QUESTION 12C

- C. Starting with the most current (#1) and working backward, enter information for all periods of Active/Reserve Service into the table below.
In the "CODE" block use one of the following: 1 = AIR FORCE; 2 = ARMY; 3 = NAVY; 4 = MARINE CORPS; 5 = COAST GUARD; 6 = MERCHANT MARINE; 7 = NATIONAL GUARD (For RESERVES, place an "R" after the appropriate CODE.
For example: Army Reserve would be "2R")

INDICATE STATUS (MARK "X" IN APPROPRIATE BLOCKS – USE STATE CODE FOR NATIONAL GUARD)

MONTH/YEAR	CODE	RANK	NONE	ACTIVE DUTY	ACTIVE RESERVE	NATIONAL GUARD	INACTIVE RESERVE	RETIRED
#1 _____ to _____								
#2 _____ to _____								
#3 _____ to _____								
#4 _____ to _____								

- 12a. **MILITARY RECORD:** PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address/City/State/Zip	Contact Telephone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MILITARY DISCHARGE AND DISCIPLINARY RECORD

- A. If you have been discharged from military service, what type of discharge did you receive?
Type of Discharge _____ Date of Discharge _____
- B. Was any type of Disciplinary action taken against you while in the Service? YES _____ NO _____
If "YES", complete the following:
- | Month/Year | Charge of Specification/Action Taken | Place (City and County/Country if outside US) |
|------------|--------------------------------------|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

13. IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT: Per Executive Order 444, please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below: "Immediate family" is defined as spouse, child, parent, and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Executive Branch from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.

COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS), COMPLETE ADDRESS

#1	Name of Relative	Relationship to you	Birth Date	Birthplace
	Street Address	City/Sate/Zip		Telephone No.
	Title of Job and State Agency	Supervisor/Co -Worker		Telephone No.
#2	Name of Relative	Relationship to you	Birth Date	Birthplace
	Street Address	City/Sate/Zip		Telephone No.
	Title of Job and State Agency	Supervisor/Co -Worker		Telephone No.
#3	Name of Relative	Relationship to you	Birth Date	Birthplace
	Street Address	City/Sate/Zip		Telephone No.
	Title of Job and State Agency	Supervisor/Co -Worker		Telephone No.
#4	Name of Relative	Relationship to you	Birth Date	Birthplace
	Street Address	City/Sate/Zip		Telephone No.
	Title of Job and State Agency	Supervisor/Co -Worker		Telephone No.

13a. RELATIVES: All applicants must provide complete information concerning their Mother, Father, Brothers and Sisters. Even though a relative is deceased, give all the information requested and indicate last residence and year of death. If you have been reared by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse. (Information concerning your current or former spouses will be provided at Question "14").

#1	Name of Relative	Relationship to you	Birth Date	Birthplace
	Street Address	City/Sate/Zip		Telephone No.
	Title of Job and State Agency	Supervisor/Co -Worker		Telephone No.
#2	Name of Relative	Relationship to you	Birth Date	Birthplace
	Street Address	City/Sate/Zip		Telephone No.
	Title of Job and State Agency	Supervisor/Co -Worker		Telephone No.
#3	Name of Relative	Relationship to you	Birth Date	Birthplace
	Street Address	City/Sate/Zip		Telephone No.
	Title of Job and State Agency	Supervisor/Co -Worker		Telephone No.

13a. RELATIVES (continued):

#4

_____ Name of Relative	_____ Relationship to you	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone No.
_____ Title of Job and State Agency		_____ Supervisor/Co-Worker	_____ Telephone No.

#5

_____ Name of Relative	_____ Relationship to you	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone No.
_____ Title of Job and State Agency		_____ Supervisor/Co-Worker	_____ Telephone No.

#6

_____ Name of Relative	_____ Relationship to you	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone No.
_____ Title of Job and State Agency		_____ Supervisor/Co-Worker	_____ Telephone No.

#7

_____ Name of Relative	_____ Relationship to you	_____ Birth Date	_____ Birthplace
_____ Street Address	_____ City/State/Zip		_____ Telephone No.
_____ Title of Job and State Agency		_____ Supervisor/Co-Worker	_____ Telephone No.

14. MARITAL STATUS: Mark one of the following to show your current marital status:

- | | | |
|--|-------------------|--------------------|
| 1. _____ Never Married (go to Question 15) | 2. _____ Married | 3. _____ Separated |
| 4. _____ Legally Separated | 5. _____ Divorced | 6. _____ Widowed |

CURRENT SPOUSE: Please complete the following about your current spouse:

_____ Full Name	_____ Date of Birth	_____ Place of Birth (include Country if outside US)	_____ Social Security No.
--------------------	------------------------	--	------------------------------

Other Names Used (Specify Maiden name, names by other marriages, etc., and show all dates used for each name)

_____ Country of Citizenship	_____ Date Married	_____ Place Married	_____ State
---------------------------------	-----------------------	------------------------	----------------

_____ If Separated, Date of Separation	_____ If Legally Separated, where is the record located (City/State/Country)
---	---

Address of Current Spouse (Street, City, State and Country if outside of US)

FORMER SPOUSE: Complete the following about your former spouse(s).

_____ Full Name	_____ Date of Birth	_____ Place of Birth (include Country if outside US)	_____ Social Security No.
--------------------	------------------------	--	------------------------------

_____ Country of Citizenship	_____ Date Married	_____ Place Married	_____ State
---------------------------------	-----------------------	------------------------	----------------

Check one of the below, then give date: Month/Day/Year. If Divorced, where is the record located (City/State/Country)?

Divorced _____ Widowed _____

Address of Former Spouse:

_____ Street	_____ City / State	_____ Country (if outside US)
-----------------	-----------------------	----------------------------------

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

15. **PERSONS RESIDING WITH YOU:** Does anyone reside with you, other than your spouse or relatives indicated in Questions "13, 13a and 14"? If "YES", provide the information below: YES _____ NO _____

Name of Person

Relationship

1. _____
2. _____
3. _____
4. _____

16. **EMPLOYMENT TERMINATION:** Has any of the following happened to you in the last ten (10) years? If "YES", begin with the most recent occurrence and go backward, providing the date fired, quit, or left under conditions other than favorable:

1 = Fired from a job

4 = Left a job by mutual agreement following allegations of unsatisfactory performance

2 = Quit a job after being told you would be fired

5 = Left a job for other reasons under unfavorable circumstances

3 = Left a job by mutual agreement under unfavorable circumstances

YES _____

NO _____

Month/Year

Code

Specify Reason

Employer's Name & Address

_____	_____	_____	_____ (City, State, Zip Code)
_____	_____	_____	_____ (City, State, Zip Code)
_____	_____	_____	_____ (City, State, Zip Code)

17. **CRIMINAL RECORD:** An applicant for employment with a sealed record, on file with the Commissioner of Probation, may answer "NO RECORD" with respect to an inquiry relative to such prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "NO RECORD" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution (see MGLc276, §100a, §100c).

A. Have you ever been convicted of a felony?

YES _____

NO _____

B. Have you been convicted of a misdemeanor within the past five years?

YES _____

NO _____

C. Are there currently any felony or misdemeanor charges pending against you?

YES _____

NO _____

If you answered "YES" to any of the above questions, explain your answer(s) in the space provided below:

Month/Year	Offense	Action Taken/Disposition
_____ Law Enforcement Agency or Court		
Month/Year	Offense	Action Taken/Disposition
_____ Law Enforcement Agency or Court		

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

17a. MISSING PERSONS: Have you ever been reported to a law enforcement agency as a missing person or runaway? If “**YES**”, please give details: **YES** _____ **NO** _____

Date	Law Enforcement Agency	Circumstances
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. ILLEGAL DRUGS: Do you currently use, or in the last five (5) years, have you used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.) depressants (barbiturates, methaqualorte, tranquilizers, etc), hallucinogenics (LSD, PCP, etc). NOTE: The information you provide in response to this question WILL NOT be provided for use in any criminal proceedings against you.

YES _____ **NO** _____

If “**YES**”, provide below any information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs:

	Month/Year	Type of Substance	Explanation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

19. GAMBLING RELATED HISTORY:

Do you gamble? Never _____ Seldom _____ Occasionally _____ Regularly _____

Have you ever placed a wager or bet by telephone or made a hand to hand transaction with a book maker (bookie or numbers man) on the result of a professional or college sports event, other than a legitimate lottery or other legalized gambling event? **YES** _____ **NO** _____

Have you ever been “paid off” while or after playing any illegal slot machine or video games? **YES** _____ **NO** _____

Have you ever worked for a bookie? **YES** _____ **NO** _____

Do you have any outstanding gambling debts? **YES** _____ **NO** _____

Have you ever borrowed money to gamble? **YES** _____ **NO** _____

Have you ever used an employer’s money to gamble? **YES** _____ **NO** _____

Have you ever stolen money to gamble with? **YES** _____ **NO** _____

If you answered “YES” to any of the above questions, explain below:

20. INVESTIGATIONS RECORD:

- A. To the best of your knowledge, has the Commonwealth of Massachusetts, the United States Government or any other police or law enforcement agency, ever investigated your background for purposes of employment?

YES _____ NO _____

If yes, list ALL of the departments you have applied to and the YEAR you applied. Check those steps of the hiring process that were completed.

Department/Year	Written Exam	Physical Exam	Oral Board Review	Background Investigation	Hired
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Police/Public Safety/Security Experience

Do you have experience as a sworn police/law enforcement officer? YES _____ NO _____

Do you have experience in private security? YES _____ NO _____

Do you have experience as an intern, volunteer, cadet or explorer with any police/law enforcement/public safety agency? YES _____ NO _____

Do you have experience as a member, paid or volunteer, of any fire department or rescue squad? YES _____ NO _____

Are you currently attending or have you attended any police academy in the past? YES _____ NO _____

If you have answered "YES" to any of the above questions, explain below and include agency, position, and length of service.

- C. Do you personally know any Massachusetts State Troopers? YES _____ NO _____
If "YES", list their names and duty station if known, and length of time you have known them.

- D. Do you have any family members/relatives who are current or past members of a law enforcement agency? If "YES" please list name, relationship and their department/agency YES _____ NO _____

20. INVESTIGATIONS RECORD (continued):

E. If you are a current or former police officer, answer the following questions, if not, go to Question “21”.

Have you ever been the subject of an internal investigation or citizens complaint? **YES** _____ **NO** _____

Have you ever been suspended from duty, with or without your police powers, for any reason except medical? YES _____ NO _____

Have you ever been subjected to departmental disciplinary action? **YES** _____ **NO** _____

Have you ever been involved in any traffic accident while operating a departmental or government vehicle? YES _____ NO _____

Have you ever received less than satisfactory performance reports or evaluations? **YES** _____ **NO** _____

Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit? **YES** _____ **NO** _____

Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or for authorized animal destruction? **YES** _____ **NO** _____

Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit? YES _____ NO _____

Have you ever been charged with or, investigated for, use of excessive force or police brutality? **YES** _____ **NO** _____

Have you ever been investigated by your current or past agency for an allegation of domestic violence or spousal abuse? **YES** _____ **NO** _____

If you have answered “YES” to any of the above questions, fully explain all circumstances below:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

21. FINANCIAL RECORD:

- A.** In the last seven (7) years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgement rendered against it for a debt? If you answer “YES”, provide the date of initial action and other information requested below:

YES _____ NO _____

	Month/Year	Type of Action	Business Name	Name of Court of Jurisdiction (City/State/Zip)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

- B.** Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligations funded or guaranteed by the Federal Government. If you answer “YES”, provide the information requested below:

YES _____ NO _____

	Month/Year	Type of loan or obligation (Account #)	Name/Address of Creditor or Obligor (State/Zip)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

- C.** List all loans whose principal outstanding balance exceeds \$1,000.00, and on which you are individually or jointly liable either directly or as a guarantor:

	Lender	Loan #	Original Balance	Outstanding Balance	Purpose of Loan
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

D. SUPPORT ORDERS

- | | | | |
|----|--|----------|---------|
| 1. | Are there any orders/agreements entered in court against you regarding child support/alimony? If “NO”, go to Question “22” | YES_____ | NO_____ |
| 2. | If “YES” to Question 1, are the orders/agreements being complied with? | YES_____ | NO_____ |
| 3. | If “YES” to Question 1, have there been any previous compliance issues with these orders/agreements? | YES_____ | NO_____ |

If you answered “YES” to 1, 2, or 3 above, explain your answer(s) in the space below (include court, judgement, and penalties):

22. INCOME TAXES :

- A. Have your Massachusetts Tax Returns been filed on time for the last seven (7) years? **YES** _____ **NO** _____
- B. Have your Federal Tax Returns been filed on time for the last seven (7) years? **YES** _____ **NO** _____
- C. Are you delinquent on any Local, State or Federal Tax liabilities? **YES** _____ **NO** _____

If you answered "YES" to C, or "NO" to A or B above, explain your answer(s) in the space provided below:

23. BUSINESS INVOLVEMENT:

- A.** Do you presently own, or within the last seven (7) years have you owned more than 10% of the following:
- | | | |
|---|------------------|-----------------|
| 1. A Company | YES _____ | NO _____ |
| 2. A Partnership (include general or limited partnership) | YES _____ | NO _____ |
| 3. Joint Venture | YES _____ | NO _____ |
| 4. Joint Enterprise | YES _____ | NO _____ |

If you answered "YES", provide the required information below:

	Name of Business	Location (Address/City/Zip)	Percentage Owned
1.	_____	_____	_____
2.	_____	_____	_____

If the company does business with the Commonwealth, list the agency(ies) and the nature of business conducted.

	Agency	Nature of business conducted
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

- B.** Do you or any member of your immediate family (spouse or child) hold a 10% or greater equity interest, in any business entity (include general or limited partnership, joint venture or enterprise)? **YES** _____ **NO** _____

If you answered "YES", provide the information required in the space provided below:

	Name of Business	Location (Address/City/Zip)	Percentage Owned
1.	_____	_____	_____
2.	_____	_____	_____

	Who owns the Business Interest?	Describe the Nature of the Business
1.	_____	_____
2.	_____	_____

24. CIVIL LITIGATION:

- A. To the best of your knowledge, are there any civil actions pending against you? **YES** _____ **NO** _____
- B. Have there been any civil actions concluded against you within the past seven (7) years favorably or adversely? **YES** _____ **NO** _____

If you answered "YES" to A or B above, explain your answer(s) in the space below. (If known, include: court(s), case name(s), docket number(s), nature of lawsuit and outcome).

25. PREVIOUS INTERACTIONS WITH STATE AGENCIES:

- A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? **YES**____ **NO**____
If "YES", submit with this application a copy of your most recent submission.
- B. Have any proceedings been instituted against you by the State Ethics Commission or a similar body in another state? **YES**____ **NO**____
- C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any licenses or registrations you possess? **YES**____ **NO**____
- D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any professional or trade association(s)? **YES**____ **NO**____
- E. Do you presently have any business, hearings, complaints, or claims or any other matters pending before any regulatory agency or board? **YES**____ **NO**____
- F. Within the past seven (7) years, have you had any business, hearing, complaint or claim with any regulatory agency or board? **YES**____ **NO**____

If you answered "YES" to B, C, D, E, or F above, explain your answer(s) in the space below. (Include nature of allegations, date and outcome of proceedings):

26. LICENSES:

- A. Are you a licensed motor vehicle operator? **YES**____ **NO**____
If "YES", please provide the information requested below:

Driver's License Number	State	Expiration Date	Restrictions (if any)	Status (active, revoked, etc.)
-------------------------	-------	-----------------	-----------------------	--------------------------------

- B. Please list other states where you have been a licensed motor vehicle operator:

License Number	State	License Number	State
----------------	-------	----------------	-------

_____	_____	_____	_____
_____	_____	_____	_____

- C. Have you ever been refused a driver's license for non-medical reasons? If "YES", please explain (include when, where and why): **YES**____ **NO**____

Month/Year	State	Circumstances
------------	-------	---------------

_____	_____	_____
_____	_____	_____

- D. Has your license, in any state, ever been suspended or revoked for non-medical reasons? If "YES", provide details below (include why, when, length of time taken away): **YES**____ **NO**____

- E. Have you received any traffic citations (excluding parking tickets) within the last seven (7) years? If "YES", list all traffic citations and other information requested below: **YES**____ **NO**____

Nature of violation	Location (City, State)	Approximate Date	Action Taken
---------------------	------------------------	------------------	--------------

- | | | | |
|----------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

26. LICENSES (continued):

F. Have you ever been involved, as a driver of a motor vehicle, in an accident within the last seven (7) years?

YES _____ NO _____

If "YES", please give details for each accident in the spaces below:

	Month/Day/Year	Location (City/State)	Injuries (yes or no)	Investigating Police Agency, if any
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

G. List all motor vehicles currently owned, registered to or operated by the applicant.

#1	Make _____	Model _____	Reg. # _____	State _____
	Automobile Insurance Company(s) _____		Agent _____	
	Policy # _____	Address _____	Phone # _____	
#2	Make _____	Model _____	Reg. # _____	State _____
	Automobile Insurance Company(s) _____		Agent _____	
	Policy # _____	Address _____	Phone # _____	
#3	Make _____	Model _____	Reg. # _____	State _____
	Automobile Insurance Company(s) _____		Agent _____	
	Policy # _____	Address _____	Phone # _____	

26a. Do you possess any other license(s), permit(s), or registration(s) such as Firearms, Professional, Trade, etc.?

YES _____ NO _____

If "YES", provide the information required below:

Type of License	License Number	Date Issued	Date of Expiration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Issuing State	Issuing Agency (include address)
1. _____	_____
2. _____	_____
3. _____	_____

Have you ever been denied or had a permit to carry a firearm or FID card suspended or revoked for non-medical reasons?

YES _____ NO _____

If "YES", explain: _____

27. PROFESSIONAL / TRADE ASSOCIATIONS:

Do you hold membership in any professional or trade organization(s)

YES _____ NO _____

If "YES", provide the information required below:

	Organization	Address	Type	Present member position held
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

28. REAL PROPERTY: List any real property in which you, your spouse, or your minor children have an equity or financial interest

	Property Address	Owner	Relationship (self, spouse, etc.)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

29. REFERENCES: Provide **TEN** references from at least four of the different categories listed below. People who are included in previous sections should not be used as references.**Relatives:**

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Teachers:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Co-Workers:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

29. REFERENCES (continued):

Friends / Associates :

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Roommates (past and present):

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Clergy Members:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Community Leaders:

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

29. REFERENCES (continued):

Police / Government :

Name : _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

Name: _____ Relationship: _____

Address: _____

Telephone: (_____) _____ How long have you known this person? _____

THE DEPARTMENT OF STATE POLICE IS AN EQUAL OPPORTUNITY EMPLOYER

[illegible]

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY



Signature Page

After completing this form and any attachments, you should review all your answers to ensure the form is complete and accurate. Prepare an original and three copies of your completed application, this certification and associated releases.

Certification that my answers are true:

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form including but not limited to a resume are true and correct to the best of my knowledge and belief and are made in good faith.

Signature (sign in ink)

Date

It is unlawful in Massachusetts to require or administer a polygraph as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability (MGL c149 §19b).

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY

Commonwealth of Massachusetts
Department of State Police
AGREEMENT

Carefully read each statement below, and **after having the form notarized**, return it by the date requested.

1. I swear (or affirm) that the information I have caused to be entered into the preceding pages of this Application and Personal History Statement for enlistment in the Uniformed Branch of the Department of State Police is true and complete.
2. I authorize investigation of all statements contained in this Application and Personal History Statement Form as may be necessary in arriving at an employment decision.
3. I understand that this Application and Personal History Statement is but one element of the selection process for Trooper Trainee, and that an acceptable background investigation does not guarantee my selection as a Trooper Trainee.
4. I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or terminated from employment with the Department of State Police.
5. I understand and agree that information about me, provided by individuals, and the identity of those individuals are considered confidential and will not be disclosed to me.

Applicant's Full Name (type or print legibly): _____

Applicant's Signature: _____

Applicant's Home Address: _____

Date: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

Before me appeared the above named, _____, who acknowledged to me that he/she has signed, sealed and delivered this agreement as his/her voluntary act or deed, for the use and purpose therein expressed.

In Witness Whereof, I have herein set my hand and official seal,
this _____ day of _____, 20____.

Notary Public

My Commission expires on: _____



**The Commonwealth of Massachusetts
Department of State Police
Human Resources Section
470 Worcester Road, Framingham, MA 01702
(508) 820-2155**

AUTHORIZATION FOR RELEASE OF INFORMATION

(Print clearly in ink or type)

PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION:

NAME: _____		
First Name	Middle Initial	Last Name
PREVIOUS NAME OR ALIAS (Include Maiden name): _____		
RESIDENTIAL ADDRESS: _____		
(Not a Post Office Box)	Number	Street
City/Town	State	Zip Code
MAILING ADDRESS (If different) _____		
HAVE YOU EVER RESIDED IN ANOTHER STATE? _____ IF YES, WHERE? _____		
SOCIAL SECURITY NO.: _____ DRIVERS LICENSE NUMBER: _____		
DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____		

I, _____, do hereby authorize a review of and a full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Department of State Police, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Department of State Police to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Department of State Police. I understand that all materials pertaining to this background investigation become the property of the Department of State Police and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and Sworn before me this

_____ day of _____ 20 _____

Signature _____

My commission expires _____ 20 _____

Street Address _____

Notary: _____

City _____

State _____

Zip Code _____

USE CONTINUATION SPACE OR ADDITIONAL PAGES IF NECESSARY